


# Building Permit Application

## Solid Fuel Burning Appliance – Wood, Pellet, Coal, Etc.

	<p style="text-align: center;"><b>Town of Monson</b></p> <p style="text-align: center;">Monson, MA 01057          Tel 413-267-4111          Fax 413-267-4108          Email _____</p>
Building Permit Number: _____	Date Issued: _____
Signature _____ Building Commissioner	Assessors Map / Parcel _____ Zoning District _____

### Site Information

Property Address: _____	Use ( single family, multi family, commercial, etc)
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### Property Owner Information

Name: _____	Address: (If different from above) _____
Signature: _____	Phone: _____
	Cell: _____

### Contractor Information

Licensed Construction Supervisor: _____	CSL License Number: _____	Expiration Date: _____
Address: Number and street _____ City/Town _____ Zip _____	Telephone: _____	Cell phone: _____
Signature: _____	HIC Registration Number: _____	Expiration Date: _____

### Description of Proposed Work

Type of Appliance (Check One): ___ Wood Stove    ___ Pellet Stove    ___ Coal Stove    ___ Wood Furnace    ___ Outdoor Wood Boiler	
Manufacturer _____	Model _____
To be installed in what room? _____	
Additional Information: _____ _____ _____	



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

Print Form

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

**Type of project (required):**

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.***

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

***Official use only. Do not write in this area, to be completed by city or town official.***

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**COMPLETE EITHER OF THE FOLLOWING:**

**Agent Authorization** – To be completed when contractor applies for building permit

I \_\_\_\_\_, as owner of the subject property hereby authorize  
(print Owner's name)  
\_\_\_\_\_, to act on my behalf in all matters relative to work  
(print Contractor's name)  
authorized by this building permit application.

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

**OR:**

**Homeowner license exemption** – To be completed when homeowner applies for permit

**Definition of a homeowner:**

*Person who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures.*

I, \_\_\_\_\_ verify that I qualify as a homeowner as defined above, and wish to apply for a building permit in my own name. I will take full responsibility for all duties of the general contractor, including, but not limited to arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code and the Town of Monson Zoning Bylaw. I shall further be responsible for all subcontractors working on the job, and that I shall have no access to the Guarantee Fund established by the Home Improvement Contractor Registration Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING:**

**Declaration of Accuracy** – To be completed by person applying for permit – Contractor or Homeowner

I \_\_\_\_\_, as Owner/Agent hereby declare that the statements and  
(print name)  
information on the foregoing application are true and accurate, to the best of my knowledge and belief.

\_\_\_\_\_  
Signed under the pains and penalties of perjury

Date: \_\_\_\_\_

**NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT  
MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION**